

FIRST NAME **JACK** MIDDLE NAME _____ LAST NAME **KNOW**
 FILE NO. **#2** AGE **17** DOB **11-24-46** SEX **M**
 COPIES FOR DISTRIBUTION
 1. Prisoners File ☐
 2. Emergency Hosp. M.D. ☐
 3. Chap. Chief Services ☐
 4. Copy Remains Book ☐
 Jailer On Duty **[Signature]**
 NOTE: In the event of injury to prisoners, please fill out special report form at once.